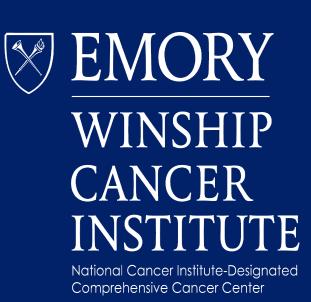
REDUCTION IN DAYS FROM REFERRAL TO PHASE I CLINICAL TRIAL CONSULTATIONS

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Winship Cancer Institute of Emory University

BACKGROUND

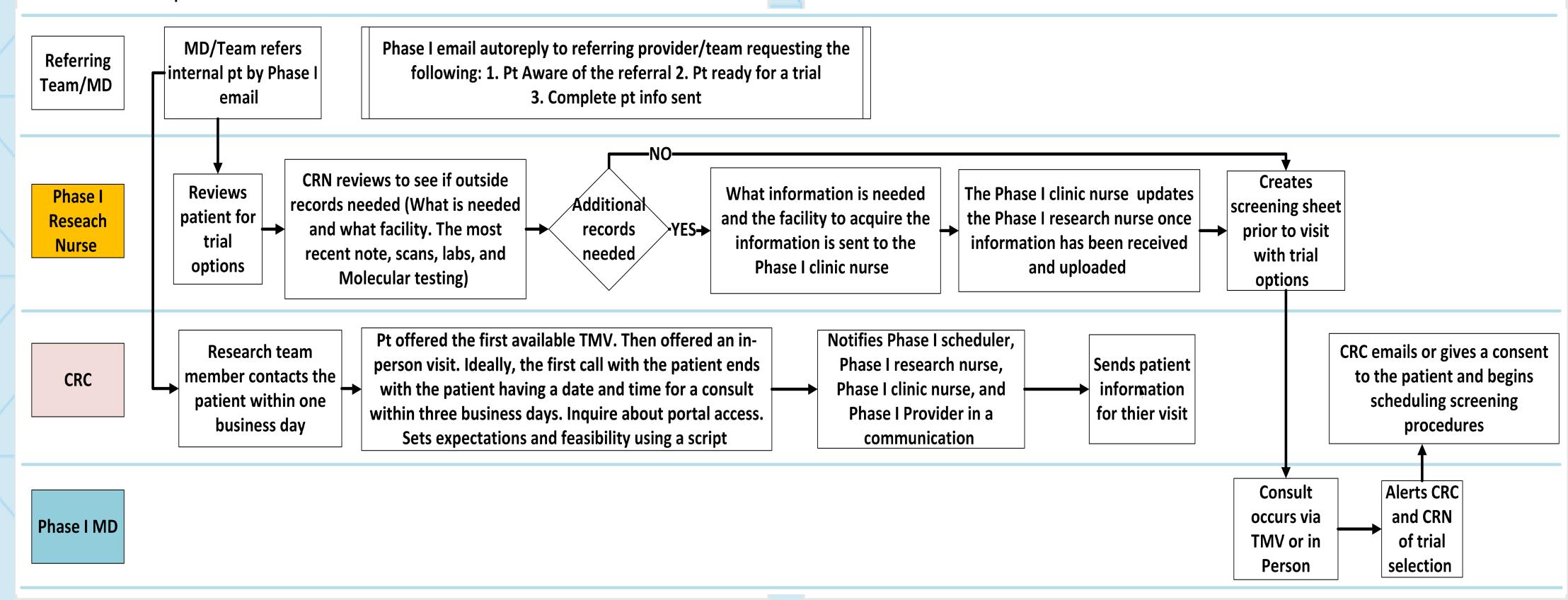
The Phase I program at the NCI designated Winship Cancer Institute of Emory University has a consultation process where physicians can easily refer patients for evaluation for early phase research studies. The patient should be seen by a Phase I provider for clinical trial evaluation quickly. However, this process can take longer than anticipated with communication between the referring physician and the research team about trial selection and patient records. A calendar year's worth of data was reviewed and found the median time between the time of referral until a consult was nine days, and more than 50% of patients referred did not have a consult within a week. The longer the delay in consultation, the increased adverse impact on the chances of the patient going on a clinical trial as well as patient and referring physician satisfaction.

GOALS

- Reduce the median number of days from referral for a Phase I consultation from nine to four days.
- Reduce the percentage of patients who wait longer than a week for a Phase I provider consultation.

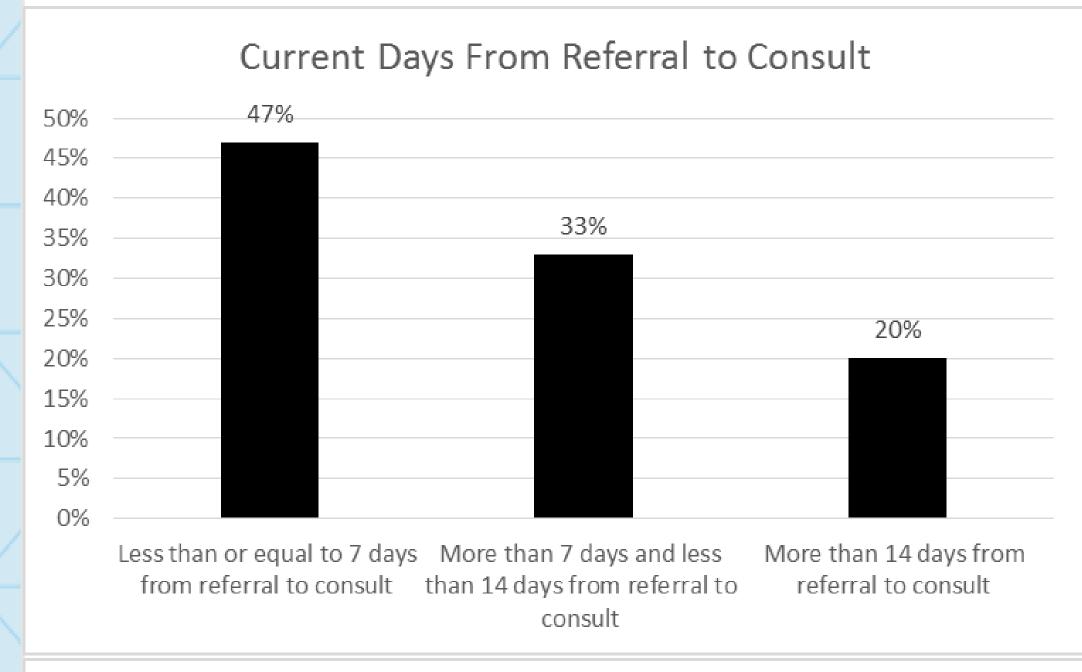
METHODS

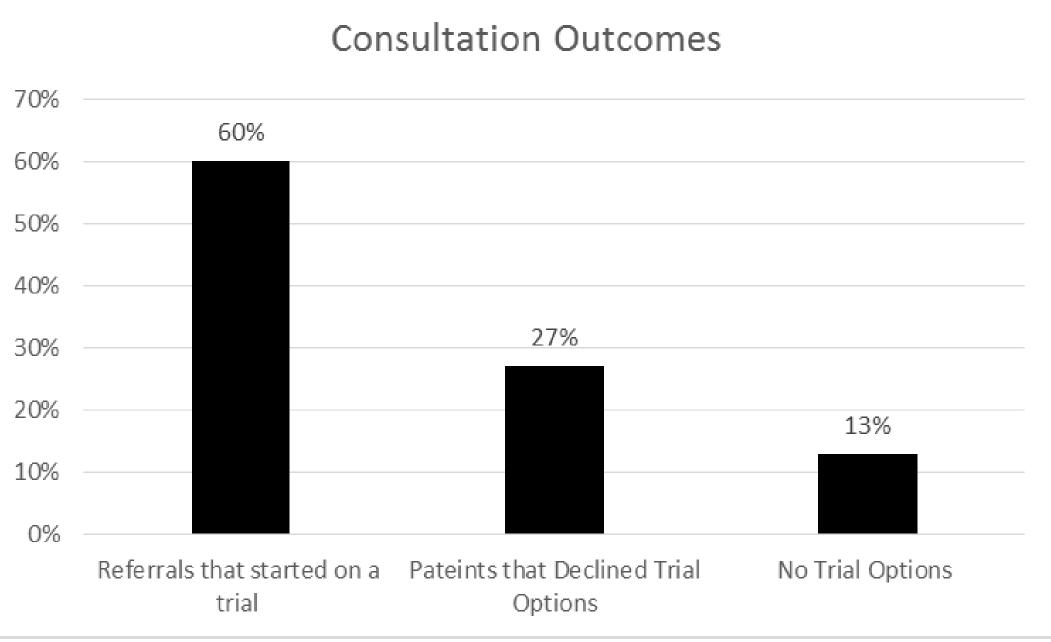
A new workflow leveraging technology was implemented to reduce the time from patient referral to a Phase I provider consultation. The aim was to schedule that clinical discussion visit within three business days of the referral. Telemedicine visits were offered to remove barriers such as transportation to improve access to the catchment area of Emory's Winship NCI-designated cancer center throughout the entire state of Georgia. Two processes occurred in tandem once a referral was made to the Phase I program. A research nurse reviewed the patient's medical record and the Phase I clinical trial portfolio to identify potential clinical trials. A research coordinator contacted the patient within one business day and scheduled a visit within three business days. The possible clinical trial options are communicated to the Phase I provider prior to the consultation. The expectation of referring physicians is that the patient has failed their current line of therapy, is ready to discuss clinical trial options, and that the physician has alerted the patient that they have been referred to the Phase I program and to expect to be contacted.



FUTURE IMPLICATIONS

This new workflow is still a work in progress. However, experiments have proven successful with specific oncology disease groups. This process is being rolled out to internal referrals with the goal of rolling it out to outside referrals within the coming year.





https://winshipcancer.emory.edu/patient-care/clinical-trials/phase1-unit.html